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**The Hamilton-Wentworth  
Community Action Program for Children (CAPC) Project:  
Local Evaluation of the  
COMMUNITY ACCESS TO CHILD HEALTH  
(CATCH) PROGRAM**

Social Planning & Research Council

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A United Way Agency



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**January 1998**

Prepared by:

Marilyn Swinton  
CAPC Evaluation Co-ordinator


From May 01 1994 - March 31 1997  
(First Three Years of CAPC Funding)

Production of this document has been made possible by a financial contribution from the Community Action Program for Children, Health Canada, in co-operation with the Province of Ontario and the Social Planning and Research Council of Hamilton-Wentworth.

*The views expressed herein do not necessarily represent the official policy of Health Canada.*



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## ACKNOWLEDGEMENTS

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The Hamilton-Wentworth CAPC is a collaborative effort of the following agencies: The Regional Community Services Department, The Regional Public Health Department, St. Joseph's Community Health Centre, the Skills Through Activity and Recreation (STAR) Program and the Social Planning and Research Council of Hamilton-Wentworth.

The views expressed herein are solely those of the author and/or the Community Action Program for Children Evaluation Committee and do not necessarily represent the official policy of the Social Planning and Research Council of Hamilton-Wentworth, Health Canada, or the Province of Ontario

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## EXECUTIVE SUMMARY

### Introduction

A collaborative effort of five community agencies (The Regional Community Services Department, The Regional Public Health Department, St. Joseph's Community Health Centre, The Skills Through Activity and Recreation Program [STAR] and The Social Planning and Research Council of Hamilton-Wentworth), the CAPC Project provides six programs for families 'at-risk' who reside in East Hamilton and Stoney Creek.

The goals of the CAPC project are three-fold: to improve prenatal and infant nutrition, to make parenting easier, and to reduce the potential for child abuse and neglect (through community empowerment).

### The Community Access to Child Health Program (CATCH)

CATCH is a community-based primary prevention program designed to reduce child abuse and neglect (in the long term) through improving community support and cohesiveness for families. This program offers activities for groups of individual families, using a community development model to help parents to develop and implement projects that they think will make their neighbourhoods safer and healthier for children.

Due to the fact that CATCH does not work on an individual or family level, there are no data collected on attendance or demographics of participants in CATCH projects. For a description of the demographics of the CATCH catchment area, please refer to the Evaluation Report.

To date, CATCH has worked with community residents on seven different projects. These projects are listed below, with a very brief description:

#### Warden Park:

- 8 acres of parkland in Riverdale West were re-developed
- the park now contains over \$80,000 worth of playground and other equipment including a multi-purpose court
- CATCH was instrumental in facilitating the development of the Riverdale Community Council (which negotiated with the city around re-developing the park), and the Warden Park sub-committee.
- CATCH also provided a seed grant of \$5,500 for the purchase of new playground equipment.

### **Mistywood Tenants Association:**

- CATCH was approached by this group to assist with developing programming
- CATCH provided consultation, negotiated with the landlord on behalf of the tenants association and provided seed funding for a summer basketball clinic

### **After Four Program:**

- CATCH assisted a group of residents with implementing this program which provides weekly after school activities for children aged 5-12
- CATCH offered clerical support, initially administered the finances for the program, assisted parent volunteers in organizing and running the program, provided a seed grant for start-up costs and facilitated a link between the community group and the City of Hamilton's Culture and Recreation Department

### **Londonderry Community Partners:**

- this group of tenants from a non-profit housing complex were brought together by CATCH to negotiate with their landlord for community space within the complex to use as a drop-in centre for parent-tot and school aged children's programs as well as family activity times, and re-develop their outdoor recreational space for children
- CATCH assisted with: minute taking, volunteer recruitment, negotiations with the landlord, decision making, problem solving, fundraising, and providing seed grant for playground equipment

### **East Hamilton Resource Project:**

- residents of East Hamilton worked with CATCH staff to develop a user-friendly resource guide for low-income families residing in the community. This was distributed to local schools, physician offices and parent-child resource centres in the area.

### **Riverdale Outreach Program:**

- the temporary home of the Riverdale Community Centre is a result of a demonstration against the decision not to build a community centre (CATCH assisted in organizing the demonstration), and, the partnership of many community groups who wanted to organize an alternative to the unbuilt community centre

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- CATCH provides in-kind reception duties at the Riverdale Outreach Program and sits on the working committee which oversees the daily operation of the centre
- the Riverdale Outreach Program is a pilot project for the City of Hamilton

### **Community Crafters:**

- this group of women of low-income produces and sells crafts, and shares the profits made
- CATCH administers the finances for the collective, assists with group process in terms of problem-solving and decision making, and offers administrative support
- this project is a collaborative effort with the CAPC Community Support Worker Program

### CATCH Projects in Relation to Goals of Community Development

Using a philosophy of prevention, CATCH works with communities to implement a variety of programs and projects which address conditions of risk within the communities, and thereby contribute to the health and well-being of the children living in the communities. Due to the preventative and early intervention aspects of the CATCH program, any impacts on child health will not be observable in the short-term. For this reason, the projects undertaken in the CATCH committee were analysed to see if they were meeting the three goals of community development which are: (1) the community is able to identify and solve problems; (2) there is a change in the power relationships in the community so that those that have less acquire more; and (3) the use of collective verses individual action. An additional criteria used in this analysis was the main objective of the CATCH program: making neighbourhoods safer and healthier for children.

	Warden Park	Mistywood Tenants Association	After Four Program	Londonderry Community Partners	East Hamilton Resource Group	Riverdale Outreach Program	Community Crafters
Community Identified & Solved Problems	✓	✓	✓	✓	✓	✓	✓
There Was A Change in the Power in the Community	✓	✓	?	✓	-	✓	?
Use of Collective Vs Individual Action	✓	-	?	✓	✓	✓	✓
Neighbourhoods Made Safer & Healthier for Children	✓	✓	✓	✓	?	✓	?

### **Limitations Encountered by the CATCH Program**

- identifying communities with shared interests is very complex
- projects are initially very time consuming and once running, require on-going resources to maintain
- most community residents need personal support in addition to support with the projects they are working on
- community development programs do not lend themselves to traditional evaluation methods

### **Challenges Encountered by the CATCH Program**

- paradigm shift for professionals, power with vs power over
- enhancing meaningful participation of all community groups
- for each project developed, it is challenging to establish the balance between autonomy of and dependence on the CATCH staff

### **Impacts of the CATCH Program**

- community participation (for each hour of staff time, there are 11 hours of volunteer time donated by community residents)
- use of ongoing sustainable activities
- skill development among the residents
- residents involved with CATCH access other CAPC programs and community services
- employment for some community residents
- community partnerships developed and strengthened
- linkages developed with three levels of government
- provision of safe, recreational space for children
- increase in the community's ability to develop and implement strategies for neighbourhood development

## Conclusions

Based on data collected from May 01 1994 - March 31 1997, the Community Access to Child Health (CATCH) program is successful in assisting community residents to work together to develop and implement projects that they think will make their neighbourhoods safer and healthier for children. Through the development of these community driven projects, the CATCH program is working on a primary prevention level with families 'at-risk' living in East Hamilton and Stoney Creek to improve both community support and cohesiveness, which will hopefully decrease the potential for child abuse and neglect.

The seven projects the CATCH program has worked with to date have all been initiated by members of the community. Four of these projects resulted in a change in the power in the community, five illustrated the use of collective vs individual action and five made neighbourhoods safer and healthier for children.

Through working with community residents, many important lessons have been learned by the CATCH Advisory Committee. Key lessons include:

- identifying "communities" with shared interests is complicated, although they may look alike and speak the same language, there are often many differences within a group.
- both CATCH staff and community members are able to identify many future projects that, with assistance in the short term, can become self-sustaining in the long term. Without CATCH staff to assist in initial facilitation, negotiation and skill development, these projects will have difficulty getting started. As CATCH has become known in the community, residents are calling more frequently with requests for assistance.
- residents are often very creative and willing to work to get what they want. CATCH plays a role by helping them to go about it within the system, and to learn the necessary organizational skills. Groups may succeed where individuals fail.
- this approach capitalizes on "in-kind" donations, primarily community volunteer time. In October 1995, a "typical" month, there were 314 hours of volunteer time donated to CATCH projects, with the ratio of volunteer time to staff time being 11:1.
- communication between community resident groups and politicians, city employees etc. is essential.

In conclusion, a comment made by a community resident involved in the CATCH program sums things up nicely,

*We brought a community together and we've done a lot for our area to make it improved.*



***"...We brought a community together and we've done a lot for our area to make it more improved."***

Comment Made by a Community Resident Involved with CATCH.



## 1.0 INTRODUCTION

This report summarizes evaluation findings from the Community Access To Child Health (CATCH) Program for the first three years it received CAPC funding from Health Canada (May 01 1994 - March 31 1997).

This report is one in a series of eight evaluation reports written on the Hamilton-Wentworth CAPC Project. These other reports which include reports on the other six CAPC programs and a report on the overall project are available through the Social Planning and Research Council of Hamilton-Wentworth.

CATCH is one of six programs under the umbrella of the Hamilton-Wentworth CAPC project which works with families 'at-risk' to improve the health of children aged zero (prenatal) to six years. Families 'at-risk' include families who are living on limited incomes and/or experience social isolation. The goals of the CAPC project are three-fold: to improve prenatal and infant nutrition, to make parenting easier and to reduce the potential for child abuse and neglect (through community empowerment).

CATCH is a community-based primary prevention program designed to reduce child abuse and neglect (in the long term) through improving community support and cohesiveness for families. This program does not offer programs for specific individuals, but uses a community development model to help parents to develop and implement projects that they think will make their neighbourhoods safer and healthier for children.

To make community development manageable, the CAPC catchment area was divided into seven geographic sections (appendix four). To date, the majority of the work done by the program has taken place in Area A, which is bounded by Centennial Parkway, Queenston Road, Gray's Road and the Queen Elizabeth Highway.



## **2.0 HISTORY OF THE CAPC PROJECT**

The CAPC funding in Hamilton-Wentworth is the successful result of a proposal submitted to Health Canada. The proposal was a collaborative effort of the following five community agencies: The Regional Community Services Department, The Regional Public Health Department, St. Joseph's Community Health Centre, The Skills Through Activity and Recreation Program (STAR) and The Social Planning and Research Council of Hamilton-Wentworth.

Health Canada granted the project 1.5 million dollars for a three-year pilot (April 01 1994 - March 31 1997). This money was used to develop a CAPC infra-structure and fund the seven programs that were outlined in the original proposal. Three of these programs were existing programs (Baby's Best Start, Nobody's Perfect, and STAR), which received enhanced funding to deliver more services in the CAPC catchment area. Four of the programs were new initiatives, (Community Access to Child Health [CATCH], the Community Support Worker Program, the Parents Helping Parents Program and the Student Parent Resource Area/Young Parent Program), designed specifically to work with families "at-risk" living in East Hamilton and Stoney Creek. A portion of the money was committed to evaluating the programs and the project.

In addition to the funding from Health Canada, the five partner agencies of the CAPC project have contributed significant amounts of professional time, program resources and office space which are essential to the success of the project.

In March 1997, the Hamilton-Wentworth CAPC project received confirmation from Health Canada that it was successful in the renewal process, and full funding was secured for an additional three years (April 01 1997 - March 31 2000).

### **2.1 History Of The Catch Program**

CATCH was already in the program conceptualization stage prior to CAPC funding. An Advisory Committee was formed in September 1993 to plan and support CATCH activities. Initial membership included health professionals working in the area. All members were seconded from their place of employment and no additional funding was available.

When CAPC funding was received, a part-time CATCH co-ordinator was hired and a community resident was hired to work 10 hours a week for the program

Over time, membership on the Advisory Committee has changed, and now includes representatives from community projects, the CATCH Co-ordinator, the community staff person and a Public Health Nurse and Clinical Nursing Consultant from the Teaching Health Unit

This Advisory committee supports residents in developing and implementing projects that they think will make their neighbourhoods safer and healthier for children

### 3.0 THE CAPC CATCHMENT AREA

The CAPC catchment area encompasses East Hamilton and the town of Stoney Creek. This geographic area was chosen because it is an under serviced area of the region where a high concentration of high risk families reside. Needs assessments of both residents and agencies/churches/organizations within the area indicate that large numbers of the population are disadvantaged. Furthermore, residents of this area do not have local access to many of the services, resources and facilities enjoyed by residents of other areas in the Hamilton-Wentworth region. The CAPC catchment area has the following boundaries (see map, appendix two).

- West Boundary: Strathearne Avenue & Cochrane Road
- East Boundary: Fifty Road
- North Boundary: Lake Ontario
- South Boundary: the brow of the escarpment

#### 3.1 Risk Indicators in the CAPC Catchment Area

At the time of writing the CAPC proposal, the following risk indicators were identified in the catchment area through reviewing Regional Community Services records, conducting focus groups with residents and agency representatives, interviewing priests/ministers of churches, and reviewing census tract data:

- high levels of unemployment
- high levels of poverty and related under nutrition
- poor parenting skills among many isolated, disadvantaged families
- escalated frequency of violence including child abuse
- lack of locally accessible formal and informal resources (health, social, recreational, and cultural)
- high rates of low income families
- high rates of single parent families
- low literacy rates

A recent Risk and Capacity Profile of Hamilton-Wentworth (Henry, 1997) revealed that Hamilton is at a significantly higher risk for poverty and social assistance compared to both the province and the country. A brief description of these risks follows:

### **3.1.1 Income Levels**

In terms of income levels, the City of Hamilton and the town of Stoney Creek are the two poorest areas within the region of Hamilton-Wentworth. The City of Hamilton has an average income which is below both the Canadian and Ontario averages. Henry (1997), reports, using 1991 data from Statistics Canada, the following figures:

### **3.1 INCOME LEVELS**

<b>Geographic Area</b>	<b>Poverty Rate (number of families earning &lt; \$20 000)</b>
Canada	16.8%
Ontario	13.1%
City of Hamilton	17.4%
Town of Stoney Creek	8.8%

The academic research literature has consistently shown that poverty correlates with more negative outcomes for children than any other single factor. In his "Risk and Capacity Profile of Hamilton-Wentworth", Henry (1997) lists the following outcomes as being associated with child poverty:

- higher infant mortality, low birth-weight babies and chronic health problems
- reduced opportunities for developing a secure attachment to a caregiver in infancy
- a higher risk of being abused
- an increased likelihood that the child will make use of physical aggression in relating to others
- a greater risk for emotional and psychological problems
- a greater risk for suicide
- less opportunity to develop social skills
- poor school performance

### **3.1.2 Social Assistance Rates**

Social assistance rates are often used as an indicator of poverty in a city or region. Henry (1997), reports that in 1995, 14.9% of the population in the Hamilton-Wentworth region (the region includes Hamilton, Stoney Creek, Flamborough, Glanbrook, Ancaster and Dundas) were receiving social assistance.

This is higher than the total social assistance rate for Ontario in 1995. In more detail, in 1995, more than 45,000 people in Hamilton-Wentworth were receiving General Welfare Assistance (GWA) and more than 45,000 people were in receipt of the Family Benefits Allowance (FBA)

Subtracting the social assistance rate for the region (14.9%) from the poverty rate for the region (17.4%) reveals that, in 1995, 2.5% of the population in Hamilton-Wentworth would be categorized as "working poor"

### 3.1.3 Additional Risk Indicators:

#### Immigration

Over 20% of residents in Hamilton-Wentworth identify a language other than English as their mother tongue (Henry, 1997). This is reflective of the presence of both long-term immigrants (e.g. Italian, Polish, Cambodian) and more recent immigrants from war-torn countries (e.g. Croatia, Slovenia, and Serbia). Past experiences of these immigrants combined with barriers such as language, racism, and cultural insensitivity result in a lack of access to traditional health and social services, and a higher risk for negative outcomes for their children.

► The presence of these high risks in the region resulted in a recommendation in the Risk and Capacity Profile **"to increase investment in families with children younger than six who live in neighbourhoods with high rates of poverty and social service use, to prevent the need for further services."** This recommendation is in line with the work which the CAPC project is doing.

## 3.2 Snapshot of the Riverdale Community, CATCH Area A

In order to make community development more manageable, the CATCH committee divided the CAPC catchment area into seven geographic areas (appendix four). The majority of the work done by CATCH to date has occurred in Area A, which is bounded by Centennial Parkway, Queenston Road, Gray's Road and the Queen Elizabeth Highway. This area is called Riverdale West.



## **4.0 EVALUATION OF THE CATCH PROGRAM**

This report summarizes the evaluation findings for the CATCH program as part of the CAPC project. The Hamilton-Wentworth CAPC Project is evaluated at three different levels: the national level, the regional level (which is the province of Ontario), and the local level.

The local evaluation plan was developed to incorporate required components of the national and regional evaluations, in addition to components which the local evaluation committee determined were important at the local level.

A brief description of the components of the CATCH Evaluation follows.

### **4.1 Program Development Form (Appendix one)**

- developed for the National CAPC Evaluation
- collects information on the stage of development of the program, the lessons learned in terms of development and management of the program as well as changes made to the program
- this form is completed by program staff every six months

### **4.2 The CATCH Neighbourhood Survey (Appendix three)**

- designed by the Co-Chair of the CATCH committee, this quantitative survey was completed on a sample of residents to determine: (i) how they viewed their community and (ii) how well known the CATCH program was in the community



## **5.0 AN OVERVIEW OF THE CATCH PROGRAM**

The information in this overview comes from evaluation forms completed as part of the National CAPC Evaluation. The headings and descriptions are pre-determined on the form, and are not written by program staff. When completing these forms, program staff are required to check off which options in a question best reflect the nature of the program

### **Program Components**

- community development focused programs
- service network focused programs
- advocacy program

### **Problems/Issues the Program Addresses:**

- lack of outdoor recreation space
- lack of access to recreational services
- child safety in neighbourhoods
- access to various ethno-cultural groups

### **Benefits to Children Expected to Result from Program Activities:**

- improved physical health
- improved cognitive function, including language development and school preparedness
- improved socio-emotional health including better interpersonal functioning, more self-esteem and happiness
- empowerment of community members to effect change

### **Benefits to Parents Expected to Result from Program Activities:**

- increased coping resources, including improved sense of well-being, self-esteem & sense of control
- improved informal community supports leading to decreased isolation for families

### **Benefits to Neighbourhoods or Communities Expected from Program Activities:**

- higher levels of cohesion, affiliation or connectedness
- improved safety or security
- more resources such as parks, playgrounds, recreational facilities, etc.

### **Benefits to the Service Delivery Network:**

- increased availability and accessibility of services

### **The CATCH Program Serves:**

- parents with young children
- one parent families
- families with few material resources evidenced by low income, over crowded or inadequate housing, shortages of food or clothing
- families who are new or relatively new to the country

### **Key Objectives of CATCH:**

- develop community cohesion
- increase access to services
- improve child safety
- improve access to recreational services

### **Major Activities/Content of CATCH:**

- using a community development model to help parents to develop and implement programs to make their neighbourhoods safer and healthier

### **CATCH Programming Occurs At:**

- the CAPC office (administrative work)
- in the community (community development)

### **Agencies, Organizations, & Group That Contribute to Delivery of the Program:**

- schools
- community councils
- local merchants
- Regional Parks and Recreation
- Kiwanis Club
- residents

**Roles available for consumers in the delivering CATCH:**

- a volunteer role for identifying and enlisting participants
- a volunteer role in providing services
- a paid staff role in the program

**Roles available for consumers in governing CATCH:**

- formal opportunities to express their views and opinions about the program (interviews, surveys, focus groups)
- they govern program development and implementation and make all key decisions about the program



## 6.0 ATTENDANCE AT THE CATCH PROGRAM

The CATCH program does not offer programs for specific individuals, but uses a community development model to help parents to develop and implement programs that they think will make their neighbourhoods safer and healthier for children. As a result of this structure, there are no attendance records, and no statistics on the "number served" by the CATCH program

It is known that the CATCH Advisory Committee meets monthly. This committee includes the CATCH Co-ordinator, a community resident hired to assist with the work of CATCH, a public health nurse, and community representatives from the various projects CATCH is working with in the community.

As will be seen by reading the summary of the CATCH Community Development projects, these projects themselves serve many community residents. The re-developed Warden Park, for example, serves as a playground for numerous children who are living within the Riverdale community of the CAPC catchment area. The community room of Londonderry is another example of a CATCH project which offers recreational services to children 'at-risk'. Yet another example is the children who participate in the After Four Program. Attendance is not taken at these projects for a variety of reasons:

- for some projects, it is not feasible to keep attendance records (i.e. Warden Park)
- the balance between the CATCH program's involvement in the project and the community ownership of the project must be considered. It is up to the residents working on the projects to make decisions about keeping attendance, it should not be imposed on them.



## **7.0 SUMMARY OF CATCH PROJECTS**

### **7.1 WARDEN PARK**

#### **7.1.1 Description:**

The residents of Riverdale West have successfully organized around the redevelopment of 8 acres of parkland in their community. The park now contains over \$80 000 00 worth of playground equipment including a multi-purpose court. Volunteers are actively involved in the maintenance of the park

#### **7.1.2 Population:**

Residents of Riverdale West Community.

#### **7.1.3 Timeframe:**

June 1994 - ongoing

#### **7.1.4 Needs Identified by the Participants:**

- safe recreational space for children
- to decrease teen vandalism parties in Warden Park

#### **7.1.5 CATCH Involvement:**

- facilitated development of Riverdale Community Council
- facilitated development of Park sub-committee
- provided money for seed grant for new playground equipment

#### **7.1.6 Community Partnerships:**

- City of Hamilton
- East Hamilton/Stoney Creek Mental Health Association

## **7.2 MISTYWOOD TENANTS ASSOCIATION**

### **7.2.1 Description:**

Mistywood is a non-profit housing complex. CATCH was approached by the tenant association for assistance in developing programming and providing support to the association

### **7.2.2 Population:**

Tenants of non-profit housing complex

### **7.2.3 Timeframe:**

January 1995 - October 1995

### **7.2.4 Needs Identified by the Participants:**

- recreation activities for children
- support of the tenants association
- community space within complex

### **7.2.5 CATCH Involvement:**

- consultation
- seed funding for basketball clinic
- negotiations with the landlord

### **7.2.6 Community Partnerships:**

- Stoney Creek Non-Profit Homes

### **7.3 AFTER FOUR PROGRAM**

#### **7.3.1 Description:**

This program provides after school activities for children 5-12 years of age from Lake Avenue School. Activities include: sports, games, crafts and snacks. This program is run by parent volunteers.

#### **7.3.2 Population:**

Children 5 - 12 years of age.

#### **7.3.3 Timeframe:**

March 1995 - June 1996

#### **7.3.4 Needs Identified by the Participants:**

- a safe constructive environment for children during after school hours
- an opportunity for children to develop skill through recreational activities

#### **7.3.5 CATCH Involvement:**

- recruitment and co-ordination of parent volunteers
- initial administration of finances (turned over to parents eventually)
- clerical support
- provided seed grant for start-up costs
- facilitated link with City of Hamilton Recreation Department to provide sports equipment

#### **7.3.6 Community Partnerships:**

- City of Hamilton Culture and Recreation Department
- Lake Avenue School

## **7.4 LONDONDERRY COMMUNITY PARTNERS**

### **7.4.1 Description:**

This is a group of tenants from a non-profit housing complex brought together by CATCH to work as a group on identified concerns. The group negotiated with the landlord for community space within the apartment building and is now able to offer programming for children and social meeting space for adults. They have also re-developed the outdoor playground

### **7.4.2 Population:**

Tenants of Non Profit Housing Complex

### **7.4.3 Timeframe:**

June 1995 - ongoing

### **7.4.4 Needs Identified by the Participants:**

- safe outdoor playground for children
- wanting to get to know others in the building
- community space within the building for meetings
- activities for adults and children

### **7.4.5 CATCH Involvement:**

- volunteer recruitment
- assisting tenants to develop skills in: minute taking, decision making, financial recording, problem-solving and fundraising
- negotiations with the landlord for community space
- providing seed grant for playground equipment
- administrative support

### **7.4.6 Community Partnerships:**

- Victoria Park Community Homes
- local businesses
- McMaster School of Social Work (student)

## **7.5 EAST HAMILTON RESOURCE PROJECT**

### **7.5.1 Description:**

Residents of East Hamilton worked with CATCH staff to develop a resource guide for low-income families residing in this community

### **7.5.2 Population:**

Residents of East Hamilton.

### **7.5.3 Timeframe:**

November 1995 - March 1996

### **7.5.4 Needs Identified by the Participants:**

- information on what resources are available to low-income families in East Hamilton

### **7.5.5 CATCH Involvement:**

- produced and distributed a guide of services in East Hamilton

### **7.5.6 Community Partnerships:**

- service providing agencies in East Hamilton/Stoney Creek

## **7.6 RIVERDALE OUTREACH PROGRAM**

### **7.6.1 Description:**

Riverdale Outreach Program is the temporary home of the Riverdale Community Centre. It is the responsibility of the Riverdale Community Council and daily operations are overseen by a working committee of Riverdale Outreach Program partners composed of Riverdale Youth, Riverdale Community Council, Warden Park Seniors, CAPC, and the City of Hamilton. The centre now provides programming for all ages in the Riverdale community.

### **7.6.2 Population:**

Residents of Riverdale West

### **7.6.3 Timeframe:**

August 1996 - ongoing

### **7.6.4 Needs Identified by the Participants:**

- to organize around the city's decision to delay building the community recreation centre
- to partner and achieve a temporary site for the community centre

### **7.6.5 CATCH Involvement:**

- assisted in organizing a demonstration against failure to build the community centre
- provides in-kind donation of reception duties at the Riverdale Outreach Program
- representation on Working Committee of the Riverdale Outreach Program which oversees the daily operation of the centre

### **7.6.6 Community Partnerships:**

- City of Hamilton
- Warden Park Seniors
- Riverdale Community Council
- Sikh Community
- Riverdale Youth

## **7.7 COMMUNITY CRAFTERS**

### **7.7.1 Description:**

Community Crafters was designed to provide women of low-income with the opportunity to produce and sell crafts. Proceeds from the sales are shared by the women involved

### **7.7.2 Population:**

Women of low-income.

### **7.7.3 Timeframe:**

October 1996 - ongoing

### **7.7.4 Needs Identified by the Participants:**

- to supplement existing financial resources
- opportunity for social interaction with other women interested in craftmaking

### **7.7.5 CATCH Involvement:**

- administer group finances
- provide seed grant for start-up costs
- provide meeting place
- collective development including: problem-solving, decision making & administrative support

### **7.7.6 Community Partnerships:**

- Community Support Worker Program
- Riverdale Outreach Program



## 8.0 CATCH PROJECTS IN RELATION TO GOALS OF COMMUNITY DEVELOPMENT

Using a philosophy of prevention, CATCH works with communities to implement a variety of programs and projects which address conditions of risk within the communities, and thereby contribute to the health and well-being of the children living in the communities. Due to the preventative and early intervention aspects of the CATCH program, any impacts on child health will not be observable in the short-term. For this reason, the projects undertaken in the CATCH committee were analysed to see if they were meeting the three goals of community development which are: (1) the community is able to identify and solve problems (2) there is a change in the power relationships in the community so that those that have less acquire more and (3) the use of collective verses individual action. An additional criteria used in this analysis was the main objective of the CATCH program: making neighbourhoods safer and healthier for children.

**TABLE 8.1: GOALS OF COMMUNITY DEVELOPMENT**

	Warden Park	Mistywood Tenants Association	After Four Program	Londonderry Community Partners	East Hamilton Resource Group	Riverdale Outreach Program	Community Crafters
Community Identified & Solved Problems	✓	✓	✓	✓	✓	✓	✓
There Was A Change in the Power in the Community	✓	✓	?	✓	-	✓	?
Use of Collective vs Individual Action	✓	-	?	✓	✓	✓	✓
Neighbourhoods Made Safer & Healthier for Children	✓	✓	✓	✓	?	✓	?

## 9.0 DEVELOPMENTAL STAGES OF THE CATCH PROGRAM

This information comes from the program development form (appendix one) which is completed by program staff.

**TABLE 9.1: DEVELOPMENTAL**

	May 1994	Jan 1995	June 1995	Sept 1995	April 1996	Oct 1996	April 1997
Planning for the program was complete and the operational aspects of the program had been agreed upon; however, the activities had not yet begun	✓	✓					
Planning for the program and operational aspects of the program had been worked out; the program was running and individuals were participating, however, the program was not running at capacity and/or some issues needed to be resolved about engaging participants, program content, etc.			✓	✓	✓	✓	✓

\* note that as a community development program, new projects are always being initiated and older projects are continually evolving

## 10.0 LESSONS LEARNED BY THE CATCH PROGRAM

This information comes from the program development form (appendix one) which is completed by program staff

**TABLE 10.1: LESSONS**

	June 1995	September 1995	April 1996	October 1996	April 1997
<b>GOVERNANCE</b>	<ul style="list-style-type: none"> <li>Warden Park Advisory Committee - communication is very important to prevent delays</li> </ul>	<ul style="list-style-type: none"> <li>Londonderry, we realized that people need information on what is involved with being on a committee, we learned that a group may succeed where an individual would fail</li> <li>awareness of territorialism in social services sector</li> <li>personality conflicts can interfere with committee growth</li> </ul>	<ul style="list-style-type: none"> <li>participants are asking for more structure</li> <li>fundraising activities can enhance group cohesiveness</li> <li>grassroots community groups require continued support to ensure they function collectively</li> <li>rejuvenating a group which previously disbanded is challenging</li> <li>need to ensure each person had their voice heard</li> </ul>	<ul style="list-style-type: none"> <li>volunteers require extensive support in the initial stages</li> <li>clear accountability must be built into projects</li> </ul>	<ul style="list-style-type: none"> <li>structured activities are more popular than "drop-in" style</li> </ul>

	June 1995	September 1995	April 1996	October 1996	April 1997
DEVELOPMENT		<ul style="list-style-type: none"> <li>identifying "communities" with shared interests is complicated</li> <li>the media can be used to spur political action</li> </ul>			<ul style="list-style-type: none"> <li>value of story-dialogue method in evaluation and program planning</li> </ul>
OTHER		<ul style="list-style-type: none"> <li>engaging people from diverse cultures is a challenge</li> <li>teen involvement reduces vandalism</li> <li>finding people interested in volunteer work for planning committees is a challenge</li> </ul>	<ul style="list-style-type: none"> <li>benefit of political advocacy</li> </ul>		<ul style="list-style-type: none"> <li>gaps in service for women over 50 are recognized</li> </ul>

## 11.0 CHANGES MADE TO THE CATCH PROGRAM

This information comes from the program development form (appendix one), completed by program staff

**TABLE 11.1: CHANGES**

June 1995	September 1995	April 1996	October 1996	April 1997
<ul style="list-style-type: none"> <li>there has been a change in staff which has slowed things down temporarily</li> </ul>	<ul style="list-style-type: none"> <li>planning for the After Four program is done for a 10 week session as a whole rather than weekly user fees have been established and more structure has been added to the program</li> <li>Londonderry: provided educational material on group work, established an Executive and developed a plan for activities</li> <li>Warden Park Advisory Committee opportunities were presented to allow area politicians &amp; bureaucrats to take credit for changes the original objective of re-developing the park has expanded into organizing the community</li> </ul>	<ul style="list-style-type: none"> <li>Parent and Tot group is now more structured, pool table arranged to attract teens</li> <li>increased structure and organizing</li> <li>activities focused more on programming, less on special events</li> <li>strategy developed to ensure sustainability</li> </ul>	<ul style="list-style-type: none"> <li>greater collaboration with other CAPC programs</li> <li>development of economic development project</li> </ul>	<ul style="list-style-type: none"> <li>have joined with the Community Support Worker Program on one project</li> <li>implemented "Community Crafters", discontinued the After Four Program</li> </ul>



## **12.0 RESULTS FROM THE NEIGHBOURHOOD SURVEY, JANUARY 1996**

### **12.1 Purpose of the Survey**

There were two objectives of this survey: to determine how residents viewed their community, and, to assess how well known the CATCH program was in the community. Since the program had few initiatives at the time, it was hoped that these data could be used as baseline information to assess the impact of CATCH over time.

### **12.2 Methodology**

The survey was designed by the Co-Chair of the CATCH committee (Helen Thomas), also a member of the CAPC Evaluation Committee. The survey was approved by both the CATCH committee and the evaluation committee. It was pilot tested on 15 members of a community group. Following the pilot, minor revisions were made.

Community residents who sit on the CATCH committee were trained to conduct the survey. With permission, surveys were completed on location where parents of young children frequently gather (e.g. the hockey rink, the bowling alley, local malls, the local library and the food bank). Committee members received an honorarium for the time they spent getting surveys completed, the honorarium worked out to \$10.00 an hour.

A total of 152 questionnaires were completed. However, 41 were completed by individuals who lived outside the CAPC catchment area, and thus were not included in the results. Data were analysed using the Statistical Package for the Social Sciences (SPSS+).

The questionnaire, which took about twenty minutes to complete, was comprised of several sections which asked questions about:

- how people viewed their neighbourhood (adapted from a similar questionnaire by Earls et al. 1994).
- neighbourhood cohesion (The Neighbourhood Cohesion Questionnaire was used, this is a seven item tool with four response choices ranging from strongly agree to strongly disagree for each item)
- childhood physical abuse - questions were based on items from the Conflict Tactic Scales developed by Strauss (1990)
- social support (The Social Provision Scale was used which is a 24 item questionnaire measuring six provisions of social support, this scale was developed by Cutrona and Russell in 1987)

- social disorganization within neighbourhoods (a scale developed by Simcha-Fagan and Schwartz was adapted to capture six of the nine original constructs)

### **12.3 Results**

The results from the neighbourhood survey are presented for the seven geographic areas which the CATCH program had divided the CAPC Catchment area into (appendix four). A brief description of the areas follows:

#### **Area A:**

- known as Riverdale, this area has many high rise apartment buildings and high density living, with many low income families.

#### **Area B and Area G:**

- represent the original town of Stoney Creek

#### **Area C and Area D:**

- are newer suburban developments in the town

#### **Area E:**

- an older rural community above the escarpment

#### **Area K:**

- a subsidized housing project

Due to the small number of responses for Areas C and D, and their demographic similarity, their survey results were collapsed.

### **12.4 Length of Time Residents Had Lived in the Areas**

- the average length of time residents had lived in the areas varied from 3.6 to 7.4 years
- there were statistically significant differences ( $p < .001$ ) among areas related to length of time residents had reported living in Canada. Those in Areas C and D reported the longest time (21 years), whereas those in Area E reported the shortest time (3.6 years)

## 12.5 Residents' Perceptions of the Neighbourhoods In Which They Live

**TABLE 12.1: PERCEPTIONS**

Question	Area A n = 19	Area B n = 21	Areas C & D n = 10	Area E n = 14	Area G n = 30	Area K n = 17
Neighbourhood as a place to live						
Poor	-	2 (10.5%)	1 (8.4%)	-	1 (3.3%)	6 (35.3%)
Average	2 (21.1%)	9 (47.4%)	2 (16.6%)	-	6 (20.0%)	6 (35.3%)
Good/Excellent	15 (78.9%)	8 (42.1%)	9 (75%)	11 (100%)	21 (73.3%)	4 (23.5%)
Change in neighbourhood						
Same	10 (52.6%)	9 (42.9%)	8 (80%)	3 (21.4%)	10 (33.3%)	3 (17.6%)
Better	5 (26.3%)	1 (4.8%)	-	8 (57.1%)	8 (26.7%)	1 (5.9%)
Worse	2 (10.5%)	6 (28.6%)	-	1 (7.1%)	4 (13.3%)	4 (23.5%)
Neighbourhood as a place to raise kids						
Very poor/poor	2 (10.6%)	3 (14.3%)	-	-	3 (10%)	6 (35.3%)
Average	5 (26.3%)	7 (33.3%)	2 (20%)	2 (14.3%)	8 (26.7%)	8 (47.1%)
Good/Excellent	12 (63.2%)	8 (38.1%)	8 (80%)	10 (71.4%)	16 (53.4%)	3 (17.7%)

There are some missing data for each item, indicated in the table by a "-". However, over 75% of residents in all but two areas (B and K) rated their neighbourhood as a good or excellent place to live. Only 42.1% and 23.5% respectively in Areas B and K agreed

Those in Areas B and K (28.6% and 23.5%) most frequently rated their neighbourhood as changing negatively in the last few years

Responses to the question about the quality of neighbourhood as a place to raise children were most frequently negative among residents in Areas B and K.

## 12.6 Average Scores on the Various Scales by Area

**TABLE 12.2: AVERAGE SCORES**

Scale	Area A	Area B	Area C & D	Area E	Area G	Area K
Neighbourhood Cohesion Scale (Range 7 -28)	14.4	17.7	13.8	13.0	15.1	16
Social Provisions Scale Total Score (Range 24 - 96)	48.4	48.1	43.5	38.8	48.4	50.1
<u>Adapted from Simcha-Fagan</u>						
1. Informal Neighbouring (Range 0 - 24)	11.7	11.8	13.3	11.9	11.1	10.7
2. Neighbourhood Attachment	10.9	10.8	11.2	11.7	12.6	6.3
3. Neighbourhood Organizational Involvement (Range 0 -15)	4.4	2.5	3.6	4.8	4.1	3.3
4. Local Personal Ties (Range 0 -15)	8.4	7.2	9.0	6.9	7.7	7.6
5. Social Disorder (Range 0 -6)	4.5	4.1	5.5	5.7	3.9	4.4
6. Conflict Subculture (Range 0 -12)	11.4	8.7	11.2	11.9	10.2	9.3

The Neighbourhood Cohesion Scores were low overall. There was a statistically significant ( $p < .001$ ) difference between the mean scores of Areas B and E. All other areas had similar average scores.

The total Social Provisions Scale scores were also low, with statistically significant differences between the mean scores for Area E and Areas G, A, and K. The scores in Area E were the lowest of all the areas, indicating the least social support.

Of the six subscales adapted from the Simcha-Fagan and Schwartz scale, the only statistically significant differences were between Areas G (highest) and K (lowest) on neighbourhood attachment, and between Areas E (highest) and G (lowest) for level of social disorder

## **12.7 Childhood Abuse and Current Witnessing of Child Abuse, by Area**

**TABLE 12.3: CHILD ABUSE**

	Area A	Area B	Area C & D	Area E	Area G	Area K
Average Number Who Experienced Childhood Physical Abuse	3.2	3.6	3.0	5.8	4.7	5.2
Percent Who Sought Treatment for Childhood Physical Abuse	6.7	13.3	-	7.7	13.8	18.8
Percent Who Witnessed Child Abuse/Neglect in the Past Month	-	10.0	-	7.1	13.8	56.3
Percent Who Witnessed Children Left Unattended in the Past Month	5.6	5.0	10.0	14.3	24.1	50.0

Reported rates of child physical abuse were highest in Areas E and K, and lowest in Areas C/D. Treatment for this abuse was most frequently sought among residents in Areas K and G.

Reported witnessing of child abuse and neglect and children left unattended was much more frequently reported among residents of Area K than any other area.

### **12.8 Knowledge of the CATCH Program**

When asked about CATCH, between 20 and 30% of residents in Areas A, E and G reported knowing what it was. No one in Areas B or C/D recognized it. Only four people indicated an interest in becoming involved in CATCH.

### **12.9 Limitations of the Survey**

This survey suffers from two major limitations. First, it was not a random sample but a convenience one. Second, very small numbers of residents in each area were surveyed (i.e. 10-30). These limitations both compromise the generalizability of the results to the areas they represent. Furthermore, large amounts of missing data limited the analysis of some questions.

### **12.10 Conclusions**

The results do indicate that the use of such a questionnaire is feasible and that, in spite of small numbers, statistically significant differences between area residents' responses were found. The one surprising finding was the low scores on the Social Provision Scale and Neighbourhood Cohesiveness among Area E residents. This may be a true reflection of the rural lifestyle, or may only be the assessment of the residents surveyed. Others may have different opinions. A larger, more representative sample might have clarified this issue. The findings in Area K were not surprising, as this area has been identified as one where residents have many unmet needs. The fact that CATCH was unknown in several areas was not surprising in that before the survey, most of its work had just begun and was focused in Area A.

In spite of the limitations of the survey, it has provided the CATCH Committee with some direction for seeking out new projects in Areas E and K. It also provided evidence of need outside the original CATCH areas, which resulted in the CATCH boundaries extending to the boundaries of the CAPC catchment area. In addition, the data from the survey will provide some baseline data for future comparisons of quality of life as assessed at a neighbourhood/community level.

## 13.0 STRENGTHS OF THE CATCH PROGRAM

- the enthusiasm of many community residents, once they see the impact they can have, is boundless
- because of the resident enthusiasm, this is an inexpensive way to promote health in the broadest sense  
This does not any way negate the crucial importance of skilled staff to assist residents.
- numerous partnerships between the residents and other agencies/institutions have been forged as projects have developed (e.g. with schools, the police, multi-cultural groups, the Riverdale Outreach Program, and the Hamilton Housing Authority)
- several residents have developed very sophisticated skills for using the media and having the "ears" of politicians. This has been extremely helpful in promoting programs and accessing resources
- the staff are a committed, skilled pair of women who truly understand the principles of community development and apply these principle at all times in their work



## **14.0 LIMITATIONS ENCOUNTERED BY THE CATCH PROGRAM**

### **14.1 Identifying "communities" with shared interests is very complex**

Even in small areas, populations tend to have different interests. Finding those who have a similar vision is time consuming. As well, among people with similar cultural backgrounds, goals are not always common. Although many people may be interested in change, few are prepared to actively participate in making it happen.

### **14.2 Projects are initially very time consuming**

This is because it takes some time to find a group of residents who want to make a change, and are willing to work together. This often involves a lot of teaching/modelling by staff, so that residents learn how to facilitate meetings, how to interact constructively with each other and how to complete the organizational tasks required to keep a group functioning. Many are easily frustrated by the time required to "lay the ground work" before they see progress. As well, projects do not often become truly self-sufficient, in that they be independent for awhile and then either a new barrier is encountered, or the life circumstances of the people in leadership positions change and they are no longer able to participate at the same level. Either of these situations require increased assistance by CATCH staff. Since both are fairly unpredictable, this can be problematic as a staff workload issue.

### **14.3 Evaluation of community development programs is complicated**

First, it is not clear what the outcomes should be, for example, resident empowerment, positive community assessment, the many positive growth experiences for some individuals, increased community resources, improved child development. All of these outcomes have an impact on child health. After determining the outcomes, the next challenge is determining how to measure them. We have selected a combination of qualitative and quantitative measures. The financial constraints in this area are also a limitation.



## **15.0 ON-GOING CHALLENGES FOR THE CATCH PROGRAM**

### **15.1 Paradigm shift for professionals**

Professionals involved either directly in CATCH activities or peripherally sometimes have trouble making the practice paradigm shift from being the "expert" to being a group member who has some skills the group can use. Many are sceptical and cite past experiences as evidence that projects are unlikely to succeed without professional direction. This shift has been aptly described as shifting from "power over" to "power with".

### **15.2 Enhancing meaningful participation of all community groups**

Because residents come from a variety of life perspectives, they do not always share common values. This can sometimes threaten groups. CATCH has tried to encourage all groups to discuss their values related to the projects, but this is a difficult process.

### **15.3 Striking the balance between autonomy and dependence between the CATCH program and its projects**

As previously stated, this is a dynamic process whereby most groups become more and less autonomous as time progresses.



## 16.0 SPIN-OFFS OF THE CATCH PROGRAM

- the connection CATCH has with the Department of Culture and Recreation for the city resulted in programming for children and adults (dance, crafts, self-defence and aerobics) at Eastgate Square Shopping Mall, which is across the street from the CAPC office
- paid employment for some community members
- the CATCH staff have been consulting with Robert Land public school which is looking at replicating the community development done in Riverdale in its community in the north end of Hamilton
- due to success with the Londonderry Project, the landlord from Londonderry has requested that CATCH become involved with another non-profit housing complex
- other groups are providing resources for the further development of Warden Park
- increased awareness of the role of community development in addressing child poverty (e.g. Rotary International)
- relationship developed by CATCH with the Department of Culture and Recreation brought resources into the CAPC project (e.g. donation of sleds for the community Winterfest)



## 17.0 LEVERAGE

The CATCH program has found that through providing projects with small amounts of seed money, the projects can use this money as leverage to result in significantly more money/resources for their project. Three examples of this leverage follow:

- CATCH provided the Warden Park Development Committee of the Riverdale Community Council with \$5,500 which was used as leverage to obtain \$80,000 worth of new equipment for the park
- CATCH provided the Londonderry Community Partners with \$1,000 which was used as leverage to obtain \$ 8,000 worth of playground equipment and a re-furbished community room
- CATCH provided the Mistywood Tenants Association with \$300 which was used to hire a student from the housing complex on a part-time basis to run a summer basketball clinic which served twenty children living in the complex



## **18.0 IMPACTS OF THE CATCH PROGRAM**

### **18.1 Community participation**

Community participation in this program has been very positive. For every hour of staff time, approximately eleven hours of resident time has been committed to projects. All of the outlined projects continue to be well utilized by community residents.

### **18.2 Ongoing sustainable activities**

Most of these projects that have begun have continued. They appear to be sustainable with support.

### **18.3 Skill development among the residents**

CATCH has provided an entry point to the other CAPC programs for many parent. This has been an opportunity for them to assess their needs without professional judgement and to determine relevant programs and to engage in them. Community residents who become active participants gain a variety of technical/personal skills. The resulting improvement in self-esteem is tangible. It has assisted many residents in doing things they never thought they could achieve. Many have gone on to get paid employment either within projects or in other area as a result of their exposure to CATCH.

### **18.4 CATCH has become known in the Community**

CATCH has become known in that several community groups or representatives have approached the program for assistance. The activities of the program are limited by the fact that it has only two part-time staff.

### **18.5 Linkages developed with Government**

The CATCH program has developed linkages with the federal government, the provincial government and the regional government.



## 19.0 COMMENTS MADE BY COMMUNITY RESIDENTS INVOLVED IN CATCH

(during a focus group held for evaluation purposes)

- *"...We brought a community together and we've done a lot for our area to make it improved."*
- *"...its taught me a lot...patience...how to deal with different people."*
- *"...I think it opened up a lot of new doors for everyone."*
- *"...I was really ignorant about different cultures...I'd say 60% of the kids in the [After Four] are from a different country...I'm learning more from kids, watching the kids and talking with the kids..."*
- *"...I enjoy doing it...kids are our future...if they are abused or neglected, then what kind of future are we going to have...I don't want to wake up one morning and look out my balcony window and notice that we're in the Bronx and not in the east end of Hamilton."*
- *"...We're encourage to speak our mind, no one holds it against you...you don't all have to agree, you don't all have to get along but you have to respect each others opinion and try to come to some understanding and compromise."*
- *"...it was slow taking off..but now that it is taken off...we have things to show, now people like they're sort of banging down the door..."*



## 20.0 CONCLUSIONS

Based on data collected from May 01 1994 - March 31 1997, the Community Access to Child Health (CATCH) program is successful in assisting community residents to work together to develop and implement projects that they think will make their neighbourhoods safer and healthier for children. Through the development of these community driven projects, the CATCH program is working on a primary prevention level with families 'at-risk' living in East Hamilton and Stoney Creek to improve both community support and cohesiveness, which will hopefully decrease the potential for child abuse and neglect.

The seven projects the CATCH program has worked with to date have all been initiated by members of the community. Four of these projects resulted in a change in the power in the community, five illustrated the use of collective vs individual action and five made neighbourhoods safer and healthier for children.

Through working with community residents, many important lessons have been learned by the CATCH Advisory Committee. Key lessons include:

- identifying "communities" with shared interests is complicated, although they may look alike and speak the same language, there are often many differences within a group
- both CATCH staff and community members are able to identify many future projects that, with assistance in the short term, can become self-sustaining in the long term. Without CATCH staff to assist in initial facilitation, negotiation and skill development, these projects will have difficulty getting started. As CATCH has become known in the community, residents are calling more frequently with requests for assistance.
- this approach capitalizes on "in-kind" donations, primarily community volunteer time. In October 1995, a "typical" month, there were 314 hours of volunteer time donated to CATCH projects, with the ratio of volunteer time to staff time being 11:1.
- communication between community resident groups and politicians, city employees etc. is essential.
- residents are often very creative and willing to work to get what they want. CATCH plays a role by helping them to go about it within the system, and to learn the necessary organizational skills. Groups may succeed where individuals fail.



## 21.0 REFERENCES

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Henry, Terrance (1997), Risk & Capacity profile: Hamilton-Wentworth, A report prepared for the Hamilton Area Office of the Ministry of Community and Social Services.

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**APPENDIX ONE**  
**PROGRAM DEVELOPMENT FORM**



# Community Action Program for Children

## Appendix One: National Evaluation Program Development Form

Health Canada - protected when  
completed  
Aussi disponible en français

### Form "C"

### Activity Report at 6 Month Intervals

Cycle 5



Instructions for filling out this form can be found on the overleaf.

In Form "C", PROJECT refers to the total intervention effort of your funded proposal. PROGRAM refers to those activities being undertaken to achieve particular objectives (e.g. improve parenting skills) with a particular group (e.g. primary caregivers). Some PROJECTS will have one PROGRAM. Other PROJECTS will have more than one PROGRAM.

The distinctive features of a PROGRAM are:

- objectives - what it is supposed to accomplish
- target population - whom the program is supposed to serve

One PROGRAM is different from another PROGRAM when one or more of these features is different between PROGRAMS.

THIS PROJECT IS IN THE FORM "E" SAMPLE

Project Number: 4927-06-93/0029      Language: E  
Project Name: Community Action Program for Children  
(CAPC): Hamilton-We  
Province: ONTARIO  
FED Number: 0529      FED Name: Hamilton East

Reporting Period: April 1, 1997 to September 30, 1997

#### For the Regional Program Consultant:

Check here and sign below after check list points on the overleaf have been verified. ☐

This form was verified by:

Name

Date

day month year

Signature

Regional Program Consultant to verify:

Form ☐ of ☐ for this project.

Check here if the project is no longer operating. ☐

### Begin Here

Name of person completing Form "C":

Given Name

Family Name

Title of person completing Form "C"

Telephone number:

Area code - -

Fax number: (if applicable)

Area code - -

### How to complete this form

To answer the questions:

Mark a circle



Print in a box



OR Print on a line

CAPC

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Name: \_\_\_\_\_

Program Number:

What is this program's status?

- ☐ Program has been active and operating for most or all of the past six months. → Go to C2.
- ☐ Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal, on hiatus until next session starts, offered on demand) → Go to C2.
- ☐ Program is no longer in operation and is not expected to operate again. → End date of program.  day  month  year  
Go to C1

**C1.** The PROGRAM is no longer in operation because ...

Mark ALL that apply.

- ☐ program completed (objectives met)
- ☐ federal funding reductions
- ☐ provincial/territorial funding reductions
- ☐ other funding reductions
- ☐ program moved to another sponsor
- ☐ change in community needs
- ☐ other (specify) \_\_\_\_\_

Go to  
next  
program

**C2.** Which of the following best describes the stage of development of this PROGRAM at the present time?

Mark ONE circle only.

- ☐ This PROGRAM is still at the conceptualization and planning stage: the objectives, target population and major activities have not yet been specified.
- ☐ Basic planning for this PROGRAM is complete: the objectives, target population and major activities have been specified; however, the operational aspects of the PROGRAM - who will do what, where, when, how - have not been specified.
- ☐ Planning for the PROGRAM is complete and the operational aspects of the PROGRAM have been agreed upon; however, activities have not yet begun.
- ☐ Planning for the PROGRAM is complete: the operational aspects of the PROGRAM have been agreed upon; the PROGRAM is actually running - individuals are participating; however, the PROGRAM is very much in the experimental stage.
- ☐ The planning and operational aspects of the PROGRAM have been worked out: the PROGRAM is running and individuals are participating; however, the PROGRAM is not running at capacity and/or some issues need to be resolved about engaging participants, program content, etc.
- ☐ The planning and operational aspects of the PROGRAM have been worked out: the PROGRAM is running at or near capacity and major issues such as engaging participants, PROGRAM content, etc. have been resolved.

**C3.** Is this PROGRAM presently fully operational and running as planned?

- ☐ Yes → Go to C5.
- ☐ No

**C4.** When do you expect this PROGRAM to be fully operational and running as planned?

Mark ONE circle only.

- ☐ within 3 months of initial funding
- ☐ within 3 to 6 months after initial funding is received
- ☐ within 7 to 11 months after initial funding is received
- ☐ 1 to 2 years after initial funding is received
- ☐ more than 2 years after initial funding is received

**Note:** The program names and numbers must be the same as reported on the "List of Programs in your Project".

**What is this program's status?**

- 1 ☐ Program has been active and operating for most or all of the past six months. → Go to C2.
- 2 ☐ Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal, on hiatus until next session starts, offered on demand) → Go to C2.
- 3 ☐ Program is no longer in operation and is not expected to operate again → End date of program
- | day | month | year |
|-----|-------|------|
|     |       |      |
- Go to C1

Mark **ONE** circle only.

- 01 ○ **child-focused PROGRAM** (e.g. additional resources for existing child care services, toy lending libraries, opportunities for stimulation, socialization, skill development)
- 02 ○ **parent-focused PROGRAM** (e.g. training and support groups for parents only, pre and post-natal programs)
- 03 ○ **family-focused PROGRAM** (program in which both parent and child participate)
- 04 ○ **community development-focused PROGRAM** (e.g. improving quality of life in the community by increasing community resources, improving safety, increasing neighbourhood cohesion)
- 05 ○ **service network-focused PROGRAM** (e.g. to improve the integration/co-ordination of services, increase the availability, accessibility or quality of services)

(e.g. a manual, video, or other documentation such as "Nobody's Perfect")

- <sup>1</sup> ☐ yes → name of outline:

2 ○ no

3 0 one

- 4 ☐ two
- 5 ☐ three
- 6 ☐ four or more

**C8.i** What are the benefits expected from this PROGRAM, for the CHILDREN affected?

Please check ALL that apply.

- 1 ☐ children are not directly affected by this PROGRAM
- 2 ☐ improved physical health
- 3 ☐ improved cognitive function, including language development and school readiness
- 4 ☐ improved social-emotional health including better interpersonal functioning, higher self-esteem and happiness
- 5 ☐ fewer risks to the child at birth such as prenatal complications, low birth weight or prolonged hospitalization
- 6 ☐ fewer risks to the child during infancy or later including injuries
- 7 ☐ other (specify)

For office use only.

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Name: \_\_\_\_\_

Program Number: 

--	--	--

What is this program's status?

- 1 ☐ Program has been active and operating for most or all of the past six months. → Go to C2.
- 2 ☐ Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal, on hiatus until next session starts, offered on demand) → Go to C2.
- 3 ☐ Program is no longer in operation and is not expected to operate again → End date of program. 

--	--	--	--	--

 day month year  
Go to C1

**C8.ii** What are the benefits expected from this PROGRAM, for the PARENTS affected?

Please check ALL that apply.

- 01 ☐ parents are not directly affected by this PROGRAM
- 02 ☐ improved caretaking skills
- 03 ☐ higher levels of social support including opportunities for socialization
- 04 ☐ increased coping resources, including improved sense of well-being, self-esteem and sense of control
- 05 ☐ higher standard of living (e.g. increased income, improved housing, employment)
- 06 ☐ improved family functioning
- 07 ☐ other (specify) \_\_\_\_\_

--	--	--

 For office use only.

**C8.iii** What are the benefits expected from this PROGRAM, for the NEIGHBOURHOODS OR COMMUNITIES affected?

Please check ALL that apply.

- 1 ☐ neighbourhoods or communities are not directly affected by this PROGRAM
- 2 ☐ higher levels of neighbourhood/community spirit
- 3 ☐ improved safety or security
- 4 ☐ more resources such as parks, playgrounds, recreational facilities, etc.
- 5 ☐ other (specify) \_\_\_\_\_

--	--	--

 For office use only.

**C8.iv** What are the benefits expected from this PROGRAM, for the SERVICE DELIVERY NETWORK affected?

Please check ALL that apply.

Examples of "service delivery network":

- child protection agency
- tenants' association

- 01 ☐ the service delivery network is not directly affected by this PROGRAM
- 02 ☐ higher levels of integration, co-ordination
- 03 ☐ increased availability and accessibility of services
- 04 ☐ improved quality of service
- 05 ☐ other (specify) \_\_\_\_\_

--	--	--

 For office use only.

**C9.** What ages are the children served by this PROGRAM?

Please check ALL that apply.

- 1 ☐ children are not served directly by this PROGRAM
- 2 ☐ before birth
- 3 ☐ birth to 11 months
- 4 ☐ 1 to 3 years
- 5 ☐ 4 to 5 years
- 6 ☐ 6 years and over

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Name \_\_\_\_\_

Program Number:   

What is this program's status?

- 1 ☐ Program has been active and operating for most or all of the past six months. → Go to C2.
- 2 ☐ Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal on hiatus until next session starts, offered on demand) → Go to C2.
- 3 ☐ Program is no longer in operation and is not expected to operate again → End date of program
- day   month   year
- Go to C1

**C10.** Whom does this PROGRAM target (i.e., priority population)?

Please check ALL that apply.

Women:

- 01 ☐ women expecting their first child
- 02 ☐ pregnant women

Parents:

- 03 ☐ parents who need training in child care, management or supervision
- 04 ☐ parents with children 8 years and under

Families:

- 05 ☐ single parent families
- 06 ☐ families living in poverty
- 07 ☐ families referred by the existing service system as needing special help or support
- 08 ☐ families who are new or relatively new to Canada
- 09 ☐ off-reserve Aboriginal, Métis or Inuit families
- 10 ☐ families who are highly mobile or transient (e.g. farm labourers, etc.)

Children:

- 11 ☐ children who need supplemental care (e.g. day care, respite care)
- 12 ☐ children who need extra opportunities for learning, socialization or skill development
- 13 ☐ other (specify)
- \_\_\_\_\_

   For office use only.

**C11.** What are the major activities of this PROGRAM?

Please check ALL that apply.

- 1 ☐ one-on-one sessions
- 2 ☐ discussion groups
- 3 ☐ formal classes
- 4 ☐ drop-in activities
- 5 ☐ home visits → Go to C12.
- 6 ☐ mobile units
- 7 ☐ other (specify)
- Go to C13
- Go to C13
- \_\_\_\_\_

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Name: \_\_\_\_\_

Program Number:    

What is this program's status?

- ☐ Program has been active and operating for most or all of the past six months → Go to C2.
- ☐ Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal or hiatus until next session starts, offered on demand) → Go to C2.
- ☐ Program is no longer in operation and is not expected to operate again → End date of program:  day  month  year  
Go to C1

**C12** Who visits the family home?

Please check ALL that apply

- ☐ professional staff (professional nurse, social worker, physician, dietician, nutritionist, occupational or physical therapist, lactation consultant, midwife)
- ☐ para-professional staff (parent-aide, shelter worker, social services worker, project manager)
- ☐ trained volunteers (La Leche League mums, friendly visitors)
- ☐ untrained volunteers
- ☐ other (specify) \_\_\_\_\_

**C13** Over the last month, approximately how many different CHILDREN participated each week?

Example of "different children":

- if child participates in PROGRAM twice in one week, count child only once.

999 ☐ PROGRAM is not for children

or

children

(If none are participating yet, enter "000")

**C14** Over the last month, approximately how many different PARENTS OR CAREGIVERS participated each week?

Example of "different parents or caregivers":

- if parent or caregiver participates in PROGRAM twice in one week, count parent or caregiver only once

998 ☐ PROGRAM is not for parents or caregivers

or

parents or caregivers

(If none are participating yet, enter "000")

**C15** How many hours in total is the PROGRAM offering services each week?

999 ☐ not applicable given PROGRAM structure

or

hours per week

(If program is not offering services yet, enter "000")

**C16** Over the last month, how many different sessions could a participant attend each week?

98 ☐ not applicable given PROGRAM structure

or

99 ☐ less than one session per week (e.g. one session per month)

or

sessions per week

(If program is not operating yet, enter "00")

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Number:

What is this program's status?

- 1 ☐ Program has been active and operating for most or all of the past six months → Go to C2.
- 2 ☐ Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal on hiatus until next session starts, offered on demand) → Go to C2.
- 3 ☐ Program is no longer in operation and is not expected to operate again → End date of program.  day  month  year  
Go to C1

<p><b>C17.</b> Over the last month, for how many hours would each participant be involved each week on average? (Round partial hours to the nearest full hours.)</p>	<p>96 <input type="radio"/> not applicable given PROGRAM structure</p> <p>or</p> <p>97 <input type="radio"/> less than one hour per week</p> <p>or</p> <p><input type="text"/> hours per week (If program is not operating yet, enter "00")</p>
<p><b>C18.</b> In the last 6 months, in how many weeks did the PROGRAM operate?</p> <p>(Note: 26 weeks = 6 months)</p>	<p><input type="text"/> weeks (If program is not operating yet, enter "00")</p>
<p><b>C19.</b> Describe the setting or location where this PROGRAM takes place.</p> <p>Please check ALL that apply.</p>	<p>01 <input type="radio"/> space belonging to community agency or service provider (e.g. Children's Aid, children's mental health centre, YM/YWCA)</p> <p>02 <input type="radio"/> space belonging to government agency or department</p> <p>03 <input type="radio"/> space belonging to local service club (e.g. Lions, Rotary)</p> <p>04 <input type="radio"/> space belonging to local religious group (e.g. church, mosque, synagogue)</p> <p>05 <input type="radio"/> advocacy group (e.g. women's group, tenants' or neighbourhood / community association, welfare rights group)</p> <p>06 <input type="radio"/> space belonging to provincial/territorial organization or association</p> <p>07 <input type="radio"/> space belonging to national organization or association</p> <p>08 <input type="radio"/> in homes of participants, staff, or volunteers</p> <p>09 <input type="radio"/> in a mobile unit at various locations</p> <p>10 <input type="radio"/> other (specify) _____</p>
<p><b>C20.</b> What is the current role of potential consumers or participants in DELIVERING the PROGRAM?</p> <p>Please check ALL that apply.</p> <p>(Note: If program is not yet operational, please indicate the planned role.)</p>	<p>1 <input type="radio"/> a volunteer role for identifying and enlisting participants</p> <p>2 <input type="radio"/> a volunteer role in providing services</p> <p>3 <input type="radio"/> a paid staff role</p> <p>4 <input type="radio"/> no role in delivering the PROGRAM</p> <p>5 <input type="radio"/> other (specify) _____</p>

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Name: \_\_\_\_\_

Program Number: 

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What is this program's status?

- 1 ☐ Program has been active and operating for most or all of the past six months → Go to C2.
- 2 ☐ Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal, on hiatus until next session starts, offered on demand) → Go to C2.
- 3 ☐ Program is no longer in operation and is not expected to operate again. → End date of program: 

--	--	--	--	--	--

 day month year  
Go to C1

**C21.** What is the current role of potential consumers or participants in the MANAGEMENT of this PROGRAM?

Please check ALL that apply.

(Note: If program is not yet operational, please indicate the planned role.)

- 01 ☐ no role in the management of the program
- 02 ☐ they have informal opportunities to express their views or opinions about the PROGRAM
- 03 ☐ they have formal opportunities to express their views or opinions about the PROGRAM (e.g. through interviews, surveys, focus groups)
- 04 ☐ they sit on working groups, planning committees or advisory committees that make recommendations about the PROGRAM to a management committee; however, they will not have control over decisions made about the PROGRAM
- 05 ☐ they sit on a management or governing committee and vote or directly influence decisions about the PROGRAM
- 06 ☐ they govern program development and implementation and make all key decisions about the PROGRAM
- 07 ☐ other (specify) \_\_\_\_\_

**C22.** List the names of the agencies, organizations or groups actively involved in either the delivery or the management of this PROGRAM.

Please check and list ALL that apply.

- 1 ☐ community agency and service provider (e.g. Children's Aid, children's mental health centres, YM/YWCA)  
\_\_\_\_\_  
\_\_\_\_\_
- 2 ☐ government agency or department (excluding CAPC)  
\_\_\_\_\_  
\_\_\_\_\_
- 3 ☐ local service club (e.g. Lions, Rotary)  
\_\_\_\_\_  
\_\_\_\_\_
- 4 ☐ local religious group (e.g. church, mosque, synagogue)  
\_\_\_\_\_  
\_\_\_\_\_
- 5 ☐ advocacy group (e.g. women's group, tenants' or neighbourhood association, welfare rights or poverty group)  
\_\_\_\_\_  
\_\_\_\_\_
- 6 ☐ individual residents from the neighbourhood  
\_\_\_\_\_  
\_\_\_\_\_
- 7 ☐ provincial/territorial organization or association  
\_\_\_\_\_  
\_\_\_\_\_
- 8 ☐ national organization or association  
\_\_\_\_\_  
\_\_\_\_\_
- 9 ☐ other (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Name: \_\_\_\_\_

Program Number: 

--	--	--

What is this program's status?

- ☐ 1 Program has been active and operating for most or all of the past six months → Go to C2.
- ☐ 2 Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal, on hiatus until next session starts, offered on demand) → Go to C2.
- ☐ 3 Program is no longer in operation and is not expected to operate again → End date of program 

day	month	year		

  
Go to C1

**C23.**

What is learned from a PROGRAM may be more important than what was done. List below the new ideas or lessons learned during the last 6 months that will influence some aspect of this PROGRAM. (e.g. If we had to do it over again, what would we change? OR If a group setting up a similar program asked for advice, what would we tell them?)

☐ 01 Ideas/lessons on Development:

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☐ 02 Ideas/lessons on Objectives:

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☐ 03 Ideas/lessons on Management:

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---

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☐ 04 Ideas/lessons on Activities:

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☐ 05 Ideas/lessons on Other aspects:

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**C24.**

Lessons learned can provide opportunities for making PROGRAM changes that will increase a PROGRAM'S chance for success. List the changes you have made to the PROGRAM in the last 6 months based on your experiences.

☐ 1 Changes in Objectives:

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☐ 2 Changes in Management:

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☐ 3 Changes in Activities:

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☐ 4 Changes in Other aspects:

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**C25.**

Have the objectives of this PROGRAM changed from the original funded objectives?

☐ 5 Yes → If yes, describe the changes:

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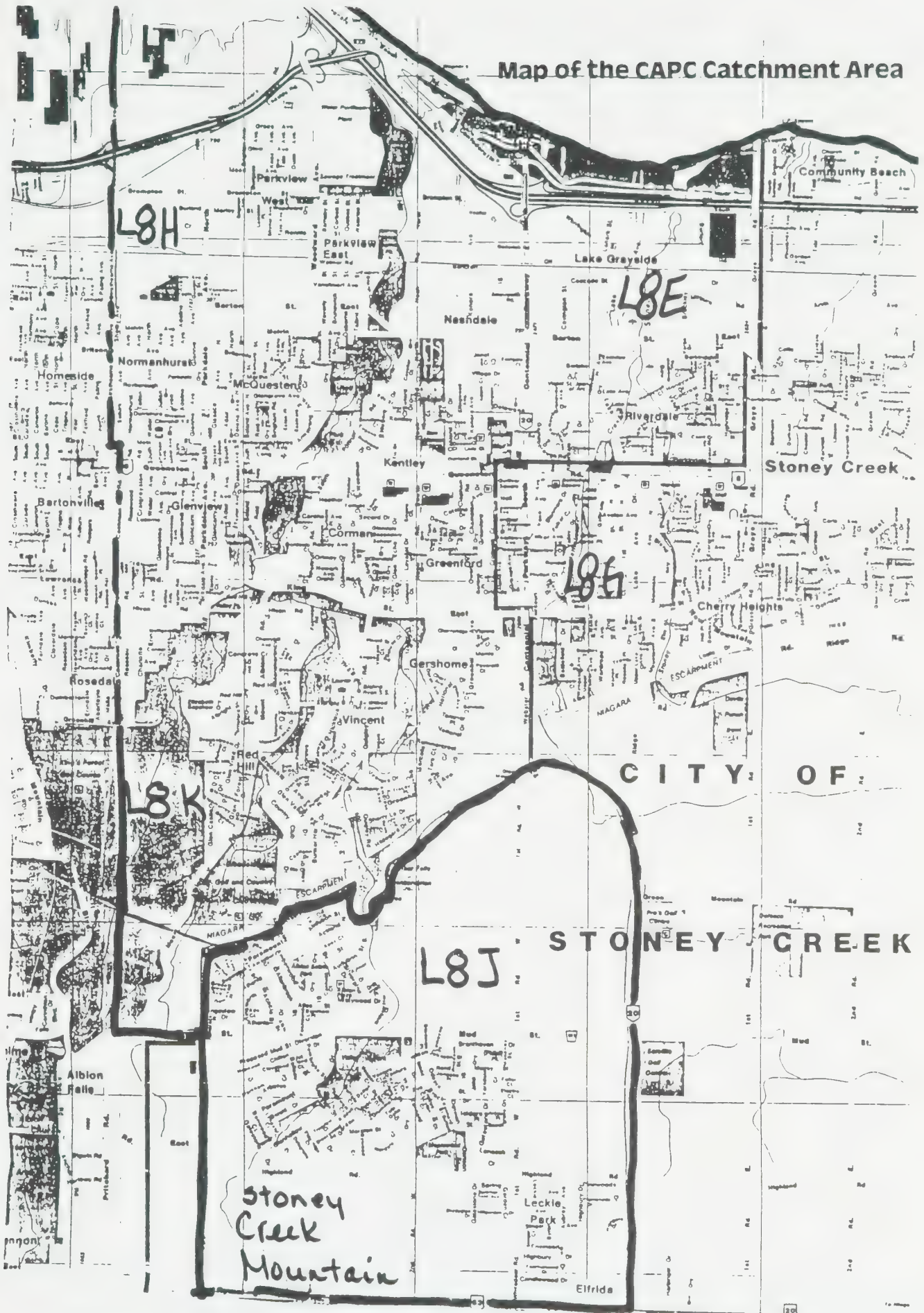
☐ 6 No



**APPENDIX TWO**  
**MAP OF THE CAPC CATCHMENT AREA**



# Map of the CAPC Catchment Area



## CAPC Boundaries:

East Boundary - Fifty Road  
 West Boundary - Strathearne Ave. & Cochrane Road  
 North Boundary - to the Lake  
 South Boundary - to the Mountain Brow

## Stoney Creek Mountain:

East Boundary - Centennial Parkway (Hwy. #20)  
 West Boundary - Upper Mount Albion Road  
 North Boundary - to the Mountain Brow  
 South Boundary - Rymal Road East (Hwy. #53)

CAPC Boundaries



**APPENDIX THREE  
CATCH SURVEY FORM**



# Appendix Ten: CATCH Neighbourhood Survey COMMUNITY RESOURCE QUESTIONNAIRE

## TO THE INTERVIEWERS:

1. This survey is designed to help us understand the needs of the community and to develop a plan to address them. We are looking for people who live in the community and who are interested in helping us to make a difference. We are looking for people who are willing to share their ideas and experiences with us. We are looking for people who are willing to help us to make a difference in the community.

*Please feel free to adapt any of the probes when appropriate possible & respond.*

*NOTE: Please keep track of the number who refuse to answer and the reason if known.*

A) 1. Do you live east of Highway 20 and west of Fifty Road?

☐ YES --> If yes, go to Q#A.ii)

☐ NO --> If no, thank the participant and approach another one.

2. In which section of Stony Creek do you live? (see map)

-----

B) ASK ADULTS ONLY: Do you have children under 16 years of age living with you (full or part-time)?

☐ YES - > If yes, go to Q#1.

☐ NO --> If no, thank the participant and approach another one.

C) ASK ADOLESCENTS SCHOOL AGE KIDS.  
(ANYONE WHO IS 12 YEARS OF AGE OR OLDER)

How old are you? \_ \_ \_ years.

If less than 18 years, have them complete the questionnaire.

If older than 18 years, thank the participant and approach another one.

18

# COMMUNITY RESOURCE QUESTIONNAIRE

*I am sorry, please check your pen or pencil.* FIRST, I WOULD LIKE TO ASK SOME QUESTIONS ABOUT HOW THE COMMUNITY AFFECTS YOUR FAMILY:

1. Describe your community. *PROBE: What is your neighbourhood like? Transient populations, people of different ages, cultures, etc.*

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---

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2. What community activities/resources/recreational facilities are easy for you and your family to use? *PROBE: Could be recreational, cultural, health/social services, shopping, or other types of entertainment. (e.g. movies, eating out, videos, theatre.)*

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3. What activities/resources would you like to have more easily available?

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- 
- 
- 

- ☐
- NO

- ☐ job security  
☐ money, in general  
☐ parenting  
☐ use of drugs, including alcohol  
☐ child abuse and/or neglect  
☐ family/friends are not close (either geographically or emotionally), so it is  
lonely  
☐ having someone you trust to talk to about things that matter  
☐ neighbours are not very friendly  
☐ family/marital problems/family stress  
☐ violence/crime in the neighbourhood  
☐ child safety in the neighbourhood  
☐ available day care  
☐ housing  
☐ others you would like to add: \_\_\_\_\_

8. What do you think are the strengths/good things about your community? *PROBE: could be access to activities, shopping, health/social services, or attributes of the people, groups around or housing, parks, etc.*

---

---

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9. Can you think of individuals or groups who make a positive contribution to your community? If yes, whom?

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10. If you could change three things about your community/ neighbourhood, what would they be?

1. 

---

2. 

---

3. 

---

☐ YES --> If yes, could you please give me your name and telephone number?

Someone will call you in the fall.

NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

☐ NO

NOW, I WOULD LIKE TO ASK SOME QUESTIONS ABOUT YOU:

12. Gender

☐ male ☐ female

13. What is your age?

☐ under 15 ☐ 15-18 ☐ 19-24 ☐ 25-39 ☐ 40-55 ☐ over 55

14. How long have you lived at your present address?

\_\_\_\_\_ years \_\_\_\_\_ months

15. How long have you lived in the Stoney Creek area?

\_\_\_\_\_ years \_\_\_\_\_ months

FINALLY, PLEASE TELL ME ABOUT THE PEOPLE WHO LIVE IN YOUR HOME:

16. Do you live alone?

☐ YES

☐ NO --> If no, What is the age, gender and relationship (to respondent) of person(s) living with you?

AGE	GENDER	RELATIONSHIP
-----	--------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

THANK YOU VERY MUCH FOR YOUR HELP.

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INTERVIEWERS, PLEASE RETURN ALL COMPLETED QUESTIONNAIRES AND NUMBER OF REFUSALS TO:

*Helga Thomas*

*Hamilton-Wentworth Department of Public Health Services*

*25 Main Street West*

*Hamilton, Ontario L8P 1H1*

THANK YOU FOR YOUR ASSISTANCE!

**APPENDIX FOUR  
MAP OF THE CATCH AREAS**





Centennia Parkway

Lake Avenue

Grays Road

First Road

Mud Street

Escarpment

King St.

Barton Street

Millen Avenue

Third Road

DeWitt Street

Fifth Road

Fruitland Road

Mud Street

Escarpment

Hwy #8

Barton Street

Eleventh Road

Fifty Road

QEH

QEH

QEH

LONE OAKVILLE







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